Research Journal of Chemical and Environmental Sciences
Res J. Chem. Environ. Sci. Vol 5 [4] August 2017: 33-36
Online ISSN 2321-1040
CODEN: RJCEA2 [USA]

Website: www.aelsindia.com/rjces.htm

RJCES

ORIGINAL ARTICLE

An Study of Socio-Economic Status of Shariya Tribe Lactating Women in Baran District Rajasthan

Tanuja Bairwa[1], Kavita Bairwa[2,] H.L. Bairwa [3]Devi Sahay Bairwa[4]
[1]PG Scholar, Dept of Foods and Nutrition, College of Home Science, Maharana Pratap University of Agriculture & Technology Udaipur 313001 Rajasthan (India).
[3] Assistant professor, Dept of horticulture, College of RCA, Maharana Pratap University of Agriculture & Technology Udaipur 313001 Rajasthan (India).
Email-Tanujabairva@gmail.com,kavitaverma150@gmail.com, devisahayinsan175@gmail.com

ABSTRACT
The present study was conducted with an objective to assess Socio economic status of lactating women. The study was conducted at Kishanganj and Shahbad panchayat samitie of baran district of Rajasthan. One twenty participants ranging between 18-45 years lactating women (0-12 months). The data was collected in Again 60-60 lactating women from two panchayat samities Kishanganj and Shahbad was selected for imparting nutritional education from the above 120 sample. The data obtained was analyzed using frequency, mean and percentage. It was fond that majority of respondents were belonging to nuclear family and low socio-economic status. All respondents selected (lactating women 0-12 months) were lying in the age group of 18-45 years. Among them 70% lactating women (0-6 months) were in the age group of 15-25 year and in similar percentage of women (23.33% and 26.66%) were in age of 26-35 year. Most of the lactating women 0-6 month had (81.66%) of monthly income E 5000-10000 i.e. The income of remaining 18.33% women's income was E 10000-15000 per month. Income of 61.66% of lactating women (6-12 months) was E 5000-10000 per month. All the respondents were vegetarian and non-vegetarian. Most of the deliveries i.e. 92.5% were accrued in the hospital. It can be concluded that the nutritional knowledge of the participant was very low and maximum lactating women were found non-vegetarian. Most of the deliveries were in the hospital and there were some bad practices consumed such as bidi, zarda, gutka.
Keywords: *lactating women, type of family, income, deliveries*

Received 23.03.2017 Accepted 22.06.2017

INTRODUCTION

About half of the World's total population of indigenous people, often referred as tribals, is living in India. The tribal population in Indian language known as "*Adibasi*", stands for original inhabitants, constitutes 8.1 per cent of the total Population of India. A general feature of the tribal population of the country is their exclusive geographical habitat. But there are certain communities among them, who live in more or less total isolation in a life style**,** which shows only a little change from that of centuries ago. Most of them are small communities with relatively low growth rate compared to rest of the population. Government of India identified a total of 72 such tribal communities, as primitive tribes on the basis of low growth rate, pre agricultural level of technology and extremely low level of literacy. The Shariya is one of those primitive tribes inhabiting 'Baran' district in the State of Rajasthan. The total population of Shariya is 79,312 with sex ratio of 951 females per 1000 males. A majority (93%) of the Shariya population is inhabitants of Kishanganj and Shahbad blocks of Baran district. The health problems of any community are influenced by interplay of various factors including social, economic and political ones. The common beliefs, customs, practices related to health and disease in turn influence the health seeking behavior of the community. There is a consensus agreement that the health status of the tribal population is very poor and worst among the primitive tribes because of their isolation, remoteness and being largely unaffected by the developmental processes going on in the country. Food is a pre-requisite not only for attaining good health but also for maintaining adequate growth and body equilibrium. Nutritional status of the population largely depends on the consumption of food in relation to their needs, which in turn is influenced by the availability of food and purchasing power. The socio-economic conditions like agricultural pattern and occupation at profile are different among different tribes and are determined by

the ecosystem they live in. Several studies have shown a close relationship between the tribal eco-system and their nutritional status. The tribal populations are 'at risk' of under nutrition because of their dependence on primitive agricultural practices, and uncertainty of food supply [1].

As per the 2011 census, the scheduled tribe (ST) population of Rajasthan state is 9,238,534. Out of twelve (12) tribes scheduled for the State, it constitutes 93 per cent whereas Garasia, Damor, Dhanka and saharia combine to form 6.6 per cent of the total ST population. Six tribes, Bhil, Meena, Naikda, Kathodi, Patelia, Kokna an Koli Dhor along with the generic tribes constitute the residual 0.3 per cent of the total tribal population [6].

The Indian constitution has recognized nearly 700 types of tribal population groups as Schedule Tribes. The total ST population of India stands at 104,281,034 as per 2011 census and accounts for 8.6 per cent of the total population of the country. The decadal population growth between census years 1981 to 1991 in respect of tribal population has been higher 31.64 per cent than that of entire population 23.51 per cent. Similarly during census years 1991 to 2001 it has been 24.45 per cent against the growth rate of 22.66 per cent for the entire population. As per the latest census data, the change in decadal growth of ST population during 2001-2011 is 23.7 per cent. As compared to the sex ratio for the overall population (933 females per 1000 males) the sex ratio among STs is more favorable, at 977 females per 1000 males and also continued with respect to overall population of India (940 females per 1000 males; Census 2011). The literacy rate among the STs has increased from 29.6 per cent to 47.10 per cent during the period from 1991 to 2001 and it is 63.1 per cent by 2009- 10. [2].

METHODOLOGY

The study was conducted in Kishanganj and Sahahbad panchayat smities of Baran district (Rajasthan). The random selection method was used in selection of village as well as sample. The list of villages was obtained from tehsil head quarter of Kishanganj and Shahbad. From the list the villages namely Kapri kheda, Bilasgar-I, Bilasgarh–II, Bhanwar garh, Tejaji Ka Danda, Kamdha, Kakarda, Ranibadod–I, Ranibadod-II were selected from Kishanganj and Seemlya, Khushiyara, Mamoni-I, Mamoni-II, Mundiyar, Deori, Shahbad, Kotra, Khushalpura, were selected from Shahbad respectively. The aaganwadi centers of each village was visited personally. General Profile: **-** It consisted of particulars related to the respondents of lactating women i.e. name, age, income sources, occupation, and type of family, Housing, and monthly income of family. Information about lactating mother: - This section dealt with general information and personal attributes of the respondents including information about their age of child, place of delivery, smoking practices, specially consumed foods after delivery, and dietary intake.

RESULTS AND DISCUSSION

All respondents selected (lactating women 0-12 months) were lying in the age group of 18-45 years. Among them 70% lactating women (0-6 months) were in the age group of 15-25 year and in similar percentage of women (23.33% and 26.66%) were in age of 26-35 year. Most of the lactating women 0-6 month had (81.66%) of monthly income E 5000-10000 i.e. The income of remaining 18.33% women's income was E 10000-15000 per month. Income of 61.66% of lactating women (6-12 months) was E 5000-10000 per month. The main source of income lactating women was labour (86.66%) and (9.16%) women were depending on farming and 4.16% had of other sources of income. 67.5% lactating women were working while only 32.5% were non-working. Most lactating women (0-6 month) had nuclear families i.e. 71.66%, only 28.33% had joint family. Majority of the (6-12 month) i.e 86.66% had nuclear families and remaining 13.33% were in joint family. 60.83% of the lactating women lived in kaccha house while remaining 39.16% were living in mixed house. Most of the deliveries i.e. 92.5% were accrued in the hospital while 7.5% delivery were at home.Roy *et.al.* [3] reported that overall 84.9% of deliveries were concluded at health institutions in rural areas of Lucknow district, Uttar Pradesh. Garg *et. al.* [4] in a study on 1000 respondents in 20 villages of Punjab reported that two-thirds (66.1%) of the deliveries were

Table 1 Percentage distribution of respondents in view of general information

		0-6 Month n=60	6-12 Month n=60	Overall N=120
Age	15-25 year	70% (42)	66.66% (40)	68.33% (82)
	25-35 year	23.33% (14)	26.66% (16)	25% (30)
	35-45year	6.66% (4)	6.66% (4)	6.66% (8)
Income per month	5000-10,000	81.66% (49)	61.66% (37)	71.66% (86)

	10,000-15,000	18.33% (11)	38.33% (23)	28.33% (34)
Sources of Income	Labour	78.33% (47)	95% (57)	86.66% (104)
	Farming	13.33% (18)	5% (3)	9.16% (11)
	Other	8.33% (5)	0% (0)	4.16% (5)
Working Status	Working	61.66% (37)	73.33% (44)	67.5% (81)
	Non-working	38.33% (23)	26.66% (16)	32.5% (39)
Family Type	Nuclear	71.66% (43)	86.66% (52)	79.16% (95)
	Joint	28.33% (17)	13.33% (8)	20.83% (25)
Housing	Kaccha	41.66% (25)	80% (48)	60.83% (73)
	Mixed house	58.33% (35)	20% (12)	39.16% (47)
	Pakka	0	0	0

Table 2 Percentage distribution of respondents in view of information about lactating mother

		0-6 Months n=60	**6-12 Months n=60**	**Overall N = 120**
Age of Child	0-3 Month	25% (15)	21.66% (13)	23.33% (28)
	3-6 month	25% (15)	28.33% (17)	26.66% (32)
	6-12 month	50% (30)	50% (30)	50% (60)
Place of delivery	Hospital	90% (54)	95% (57)	92.5% (111)
	At home	10% (6)	5% (3)	7.5% (9)
Food Habits	Non-vegetarian	71.66% (43)	73.33% (44)	72.5% (87)
	Vegetarian	21.66% (13)	21.66% (13)	21.66% (26)
	Egglitarian	6.66% (4)	5% (3)	5.83% (7)
Foods Avoided	Yes	0% (0)	0% (0)	0% (0)
	No	100% (60)	100% (60)	100% (120)
Special Food Consumed	Laddu	20% (12)	15% (9)	17.5% (21)
	Daliya	33.33% (20)	25% (15)	29.16% (35)
	Panjari	15% (9)	13.3% (8)	14.16% (17)
Smoking practices	Cigarette	0% (0)	0% (0)	0% (0)
	Bidi	10% (6)	5% (3)	7.5% (9)
	Other chewing material	45% (27)	50% (30)	47.5% (57)

found to have taken place at home. The most common reasons cited for home delivery were traditional attitude (86.2 %) and economic reasons (13.4 %). More than half of the deliveries (52.6 %) were observed unsafe. The study concluded that home and unsafe delivery is still widely prevalent in the rural areas of Punjab and is significantly more among the elderly and less educated females. Maximum lactating women (72.5%) were non-vegetarian and remaining 21.66% and 5.83% were vegetarian and eggitarian respectively. It was found that 20% of the lactating women (0-6 month) were taking laddu as a special food, further 33.33% lactating women and 15% were consuming daliya and panjeri, respectively. While 15% of lactating women (6-12 month) were consuming laddu, 25% were consuming daliya and 13.3% were consuming panjari. There were some bad practices among the lactating women i.e. 7.5% smoking bidi, and 47.5% women were taking other chewing materials (zarda and gutka). Yoon *et. al.*, [5] reported that 22% of rural women in Kerala chew tobacco in pan (betel leaf). Women also smoke bidis (small

indigenous cigarettes) and hookahs, as in Bihar and parts of Punjab and Haryana, and rural women in Goa are known to rub and plug the inside of their mouths with burnt powdered tobacco. It can be concluded that the nutritional knowledge of the participant was very low and maximum lactating women were found non-vegetarian. Most of the deliveries were accrued in the hospital and there were some bad practices consumed such as bidi, zarda, gutka.

RECOMMENDATION

1. Education may be imparted for skill development and training programme regarding knowledge and upliftment of lactating women. It will help them to lead as decision maker and problem solver in society.
2. Studies can be conducted to check the effective working of aganwadi centers in distributing the necessary facilities provided by the government.
3. Nutritional status vary depending on geographical, social and cultural, reason, therefore similar studies can be undertaken in different part of country.

REFERENCES

1. Rao, K.M., Kumar, R.H., Venkaiah, K. and Brahman, G.N.V. (2006). Nutritional status of Saharia – A Primitive Tribe of Rajasthan. *Journal Human Ecol*ogy, **19**(2): 117-123.
2. Kshatriya, G.K. (2014). Changing perspectives of tribal health in the context of increasing lifestyle diseases in India. *Journal of Environmental and Social Sciences,* **1**(1): 101.
3. Roy. M., Mohan, U., Singh, S.K., Singh, V.K., Srivastava, A.K., (2013). Factors associated with the preference for delivery at the government hospitals in rural areas of Lucknow district in Uttar Pradesh. *Indian journal of public health.* **57**(4) 268-271.
4. Garg, R., Shyamsunder D., Singh T., Singh P. A., (2010). Study on delivery practices among women in rural Punjab. *Health and Population,* **33**(1): 23-33.
5. Yoon, S., Virginia, E., Nancy, K., Nichter, M., and Samet, J. (2000). Women and tobacco: moving from policy to action. Bulletin of the World Health Organization, **78** (7): 891-899.
6. Census. (2011). Population of Rajasthan. Internet link: http://www.india online pages.com/ population/ Rajasthan-population.html.

CITE THIS ARTICLE

T Bairwa, K Bairwa, H.L. Bairwa, D Sahay Bairwa. An Study of Socio-Economic Status of Shariya Tribe Lactating Women in Baran District Rajasthan.. Res. J. Chem. Env. Sci. Vol 5 [4] August 2017. 33-36